Integrated Pest Management Report Form

Name:					
Oate:					
Location:					
Description of P	est &	& Problem: (i.e. sex, age, health, p	physical feat	tures, size, # o	of individuals, etc.)
Have you used a Yes		ind of treatment on the pest probl No	lem area?		
What type of tre	atme	ent method did you use?			
o Mechanical			0	Biological_	
o Chemical			0	Other	
 Physica 	ıl				
		Pest Info	ormation_		
Invasive plant sp	ecie				
	0	1 1		0	Hare Barely
	0	1 11		0	Bur buttercup
		(Tall Whitetop)		0	Dalmation Toadflax
	0	Mediterranean Sage		0	Punctervine
	0	Medusahead		0	Other
Household Pests	<u>:</u>				
	0	American Cockroach		0	California Fire Ant
	0	Mormon Cricket		0	Giant Carpenter Ant
	0	Devastating Grasshopper		0	Paper Wasp
	0	Valley grasshopper		0	Yellow Jackets
	0	Cottonwood Beetle		0	Deer Tic
	0	Powderpost Beetle		0	Pacific Coast Termite
	0	Cat and Dog Fleas			Deer Mouse
	0	European Earwig		0	Pocket Gopher
	0	Aphid species		0	Norwegian Rat
	0	House Fly		0	Stripedtailed Scorpio Other
	0	Southern House Mosquito Odorous House Ant		0	Otner
	0	Odorous House Ant			
Landscape Pests		X7 11 1 11 1			G
	0	Yellow-bellied marmot		0	Coyotes
	0	Mule Deer or Blacktailed		0	Mountain Lion
		Deer Stains A.S.L. val		0	Grey Fox
	0	Striped Skunk		0	California Ground
	0	Spotted Skunk		-	Squirrel
	0	Moles		0	Western Rattlesnake Other
	0	Raccoon Feral Cats		0	Other
	0	rerai Cats			
For EPD Use!!.					
		#-year)			
Trimble File Nai Treatmentye		no			